U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2500/

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name CHARLES A SEIBERT	Name PLUMBERS & PIPEFITTERS LOCAL 501
	Labor Organization File Number 540-949
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2412 FOXGLOVE CT:	Street 1295 BUTTERFIELD ROAD .
City ELGIN	City AURORA
State Illinois ZIP Code + 4 60123-6564	State [Illinois ZIP Code + 4 60502-8879]
5. Position in labor organization.  ORGANIZER	De transfer de la faction de la company de la constitución de la const
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	7.b. Altiound
City City	
State ZIP Code + 4,	Mile of the Mark the
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Me Diss	
Signed Laboration of the Signed Laboration of	On 2/16/2006 (847) 608-9296
;	Date Telephone Number

Name of Person Filing CHARLES SEIBERT	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name NORTHERN ILLINOIS EDUCATION FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1295 BUTTERFIELD ROAD  City AURORA  State Illinois ZIP Code + 4 60502-8879	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	NORTHERN ILLINOIS EDUCATION FUND PROVIDES TRAINING FOR LOCAL 501 MEMBERS.	
Street		
City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received.  LOCAL 501 APPRENTICE GRADUATION DINNER HELD ON 5/26/2005  NORTHERN ILLINOIS EDUCATION FUND PAID: DINNER FOR TRUSTEE AND SPOUSE-\$90.00 TOTAL (\$45.00 PER PERSON)	
	12.b. Amount. \$90	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name (mountains and or manner).		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	